### CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

O The period covered is \_\_\_

Candidate

the date of leaving office.

\_/\_\_\_, through

## STATEMENT OF ECONOMIC INTERESTS

Date Received RECEIVED

#### **COVER PAGE**

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Please type or print in ink	Χ	,	Document	

Please type or print in ink	A. T. WO	iic Document	CITY CLERK
NAME (LAST)	(FIRST)	(MIDDLE)	DAYGIME TELEPHONE WUMBER
Mounce	JoAnne		( 209 ) 333-6702
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
P.O. Box 3006	Lodi	CA 95241-1910	) (209) 333-6807
1. Office, Agency, or C	ourt	4. Schedule Summ	ary
Name of Office, Agency, or Cou	rt:	Total number of pages	Λ
Lodi City Council		including this cover pag	C. constitutions
Division, Board, District, if appl	icable:	➡ Check applicable sched interests."	dules or "No reportable
Your Position:		I have disclosed interest attached schedules:	ts on one or more of the
Council Member		Schedule A-1 X Yes -	cchadula attachad
if filing for multiple position	ns, list additional agency(ies)/	Investments (Less than 10%	
position(s): (Attach a sepa Agency: Redevelopment Age		Schedule A-2 Yes -	- schedule attached Ownership)
	Confirmation for the continue of the continue	Schedule B TYes	- schedule attached
Position: Member		Real Property	
2. Jurisdiction of Office	(Check at least one box)	Schedule C Yes- Income, Loans, & Busines and Travel Payments)	- schedule attached ss Positions (Income Other than Gifts
☐ State		Schedule D Tyes	- schedule attached
City of Lodi		Schedule E Yes -	- schedule attached
Multi-County	TO STORY AND AND AND ADDRESS OF THE PROPERTY O	~(	or-
	nacime (1914 19 19 19 19 March Michael (1914 19 march de la que pel VI dis signification (1914 1914 1914 1914 1914 1914 1914 191	No reportable interes	sts on any schedule
3. Type of Statement (	Check at least one box)	house of the second	
Assuming Office/Initial		5. Verification	
Annual: The period covered through December 31, 200	75.	statement. I have reviewe	ble diligence in preparing this d this statement and to the best
-01	'	of my knowledge the inform	nation contained herein and in any
O The period covered is December 31, 2005.	mrough		·
Leaving Office Date Left:		of California that the fore	erjury under the laws of the State egoing is true and correct.
O The period covered is J the date of leaving office	anuary 1, 2005, through	Date Signed	3-21-06
nic date at the till and		The part of the state of the st	(month, day, year)

Signature

# SCHEDULE A-1 Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR FOLITICAL PRACTICES COMMISSION
Name
MOUNCE, J

NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Approximation and approximation of the second secon
FAIR MARKET VALUE	FAIR MARKER VALUE  \$2,000 - \$70,000  \$10,001 - \$100,000
S2,000 - \$10,000 S S10,001 - \$100,000	\$100,001 - \$\\000,000 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
S100,001 - \$1,000,000 Over \$1,000,000	house!
NATURE OF INVESTMENT	NATURE OF INVESTIMENT
Stock	Stock
	Other
Other (Describe)	(Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	05 105
ACQUIRED DISPOSED	ACQUIRED DISPOSED
> NAME OF BUSINESS ENTITY	> NAME OF BUSINESS ENTITY
HILTON	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Stock	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	S2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,090,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT	Stock
∑ Stock	
Other (Describe)	Other (Describe)
	IF APPLICABLE, LIST DATE:
IF APPLICABLE, LIST DATE:	
ancomparison of an ancomparison of an anti-anti-ancies and an anti-ancies and anti-ancies and an anti-ancies and an anti-ancies and an anti-ancies and an ancies and an anti-ancies and ancies and an anti-ancies and an ancies and an ancies and an anti-ancies and an anti-ancies and an ancies and ancies and an ancies	ACQUIRED DISPOSED
ACQUIRED DISPOSED	MCANIED Min. Actor
> NAME OF BUSINESS ENTITY,	> NAME OF BUSINESS ENTITY
Franklm	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Stock	
and the contract of the contra	
FAIR MARKET VALUE	FAIR MARKET VALUE
S10,001 - \$100,000	\$2,000 - \$10,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NAJURE OF INVESTMENT	NATURE OF INVESTMENT
Stock	Stock
	Copper Copper
(Describe)	Other (Describe)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u> </u>	, , 05, 05
J OS J OS DISPOSED	ACQUIRED DISPOSED
ACQUIRED DISPOSED	11
Comments:	

### SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

fair fout Name	ICAL PRA	CTICES CO	ommiss <sub>t</sub> o	N
Name	our	00	andreas	

▶ 1 BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
To Anne's BOOK Keeping	
JoAnne's Book Keeping	Nema
Address	Address
Charle one	Check and
Truet, go to 2 Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Professional Service	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[] \$2,000 - \$10,000	\$2,000 - \$10,000 / /05 / /05
AND AND THE CONTRACTOR OF THE PROPERTY OF THE	310,001 - \$100,000
3106,001 - \$1,000,000 ACCIOIRED BISPOSED Over \$1,000,000	Over \$1,000,000\
17 2	NATURE OF INVESTMENT
NAPURE OF INVESTMENT Sole Proprietorship Partnership	Sole Proprietorship   Partnership
	YOUR BUSINESS POSITION
YOUR BUSINESS POSITION OWNEY	3001, 0001,000
➤ 2 IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	<ul> <li>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)</li> </ul>
☐ \$0 - \$498	□ \$\(\text{50} - \$499  \text{\$\frac{1}{2}\text{\$\text{\$0}}\cdot \text{\$\text{\$00}\text{\$\text{\$\text{\$00}}\$\text{\$\exititit{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{
S500 - \$1,000 OVER \$100,000	5500 - \$1,000 OYER \$100,000
S1,001 - 510,000	S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (clisch a separate short if necessary)
Control of the Contro	
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
□ INVESTMENT □ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
No.	·
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
	\
Description of Business Activity 21	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$10,001 - \$100,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Aartnership
CT Other	Leasehold Other
Lessehold Vrs. remaining Other	Yrs. remaining Unter
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2005/2006) Sch. A-

### SCHEDULE C Income, Loans & Business Positions

(Other than Gifts and Travel Payments)

CALIFO	RNIA F	ORM	740	[8]
FAIR FOLIT	ICAL PRAC	IICES CO	MMISSIC	)N
Name				
M	0000	e.	ل	

➤ 1. INCOME RECEIVED	► 1. INCOME RECEIVED
THE PARTY OF SECONDS	NAME OF SOURCE OF INCOME
Dougherty, CPAs, Inc 1	. /
ADDRESS	ADDRESS
4545 Georgetown Stekton 45201	
BUSINESS ACTIVITY IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dougherty, CPAs, Inc ADDRESS 4545 Georgetown Stakton 95207 BUSINESS ACTIVITY IF ANY, OF SOURCE Professional Service	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Manager	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 X \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Spisor  Spouse's income  Loan repayment	CONSIDERATION FOR WHICH INCOME WAS RECEIVED  Salary Spoyse's income Loan repayment
Salary Spouse's income Li Loan repayment	Closed a morne Closed when the
Sale of	Sale of (Property, car, bost, etc.)
Commission of Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other (Describe)	Other (Describe)
2 LOAN RECEIVED	<u>a and an ann an an</u>
You are not required to report loans from commercial lend	ing institutions, or any indebtedness created as part of a
retail installment or credit card transaction, made in the len members of the public without regard to your official status	ider's regular course of business on terms available to
regular course of business must be disclosed as follows:	s. Personal loans and loans received not in a londer s
	INTEREST RATE TERM (Months/Years)
NAME OF LENDER	TATIONES (MILE TERM (MOTILIES TESTS)
A PART OF PA	/ None
ADDRESS	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	None Personal residence
goodieco your and a second	· ·
	Real Property Street address
HIGHEST BALANCE DURING REPORTING PERIOD	
☐ \$500 - \$1,000	and the managery at the control of t
S1,001 - \$10,000	Guarantor
S10,001 - \$100,000	based
OVER \$100,000	Other
	(Describe)